

**Application Data Sheet****Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	N/A
CD-ROM or CD-R?::	None
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Title::	SURROGATE CELL GENE EXPRESSION SIGNATURES FOR EVALUATING THE PHYSICAL STATE OF A SUBJECT
Attorney Docket Number::	02420/100M850-US1
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	6
Small Entity?::	Yes
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

**Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	United Kingdom
Status::	Full Capacity
Given Name::	Catherine
Family Name::	Clelland
City of Residence::	New York
State or Province of Residence::	NY
Country of Residence::	US
Street of mailing address::	87 Attorney Street, Apt. 2A
City of mailing address::	New York
State or Province of mailing address::	NY
Postal or Zip Code of mailing address::	10002

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: F.  
Middle Name:: Carter  
Family Name:: Bancroft  
City of Residence:: Huntington  
State or Province of Residence:: NY  
Country of Residence:: US  
Street of mailing address:: 51 Dewey Street  
City of mailing address:: Huntington  
State or Province of mailing address:: NY  
Postal or Zip Code of mailing address:: 11743

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: United Kingdom  
Status:: Full Capacity  
Given Name:: James  
Family Name:: Clelland  
City of Residence:: New York  
State or Province of Residence:: NY  
Country of Residence:: US  
Street of mailing address:: 87 Attorney Street, Apt. 2A  
City of mailing address:: New York  
State or Province of mailing address:: NY  
Postal or Zip Code of mailing address:: 10002

#### **Correspondence Information**

Correspondence Customer Number:: 07278

#### **Representative Information**

Representative Customer Number:: 07278

### Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/US04/16365	05/24/04
PCT/US04/16365	An application claiming the benefit under 35 USC 119(e)	60/473,089	05/23/03

### Foreign Priority Information

#### Assignee Information

Assignee name:: Mount Sinai School of Medicine of New York  
University  
Street of mailing address:: One Gustave L. Levy Place  
City of mailing address:: New York  
State or Province of mailing address:: NY  
Postal or Zip Code of mailing address:: 10029

Assignee name:: Research Foundation for Mental Hygiene  
Street of mailing address:: 150 Broadway  
Suite 301  
City of mailing address:: Menands  
State or Province of mailing address:: NY  
Postal or Zip Code of mailing address:: 12204